BEN AVGIICANO COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| Application or Docket Number |
|------------------------------|
| 10051635 |

| CLAIMS AS | | | (Column 1) | | (Column 2) | | | SMALL EN TYPE 🗔 | | OR_ | OTHER SMALL E | |
|--|--|---|---------------|----------------------|-------------------------------------|------------------|-------|---------------------|------------------------|-------|---------------------|------------------------|
| TOTAL CLAIMS | | | 19 | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| TOTAL CHARGEABLE CLAIMS | | | /// minus 20= | | . 0 | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | minus 3 = | | • 0 | | | X42= | | OR | X84= | |
| MU | LTIPLE DEPEND | ENT CLAIM P | RESENT | | | | | +140= | | OR | +280= | |
| * If the difference in column 1 is less than zero, ente | | | | r "0" in c | olumn 2 | | TOTAL | 470 | OR | TOTAL | | |
| CLAIMS AS AMENDED | | | | | PART II (Column 2) (Column 3) | | | SMALL I | ENTITY | OR | OTHER SMALL | |
| AMENDMENT A | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIGI NUA PREVI | HEST MBER IOUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 70. | Minus | ** 2 | 20 | =/ | | X\$ 9= | | OR | X\$18= | |
| MEN | Independent | • 2 | Minus | *** | 5 | - | 1 | X42= | | OR | X84= | |
| _ | FIRST PRESE | NTATION OF M | IULTIPLE DEP | ENDEN | IT CLAIM | | J | +140= | | OR | +280= | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT, FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIG NUI PREV | HEST MBER VIOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| ME | independent | * | Minus | *** | IT OLAN | = | 4 | X42= | | OR | X84= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | OR | +280= | |
| | | | | | | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | PRE | SHEST IMBER VIOUSLY ID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | atrk | |]= | 4 | X42= | | OR | X84= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ل | 1140 | | 1 | 200 | |
| * If the entry in column 1 is less than the entry in column 2, write *0" in column 3. | | | | | | | | +140= | | OR | , TOTA | - |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |